

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

05 DEC 2006

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	P			/		
4	D			/		
5	D			/		
6	D			/		
7	D			/		
8	D			/		
9	D			/		
10	D			/		
11	D			/		
12	D			/		
13	D			/		
14	D			/		
15	D			/		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	18	↔	15	↔		↔
TOTAL CLAIMS	20	CONFIRMED	17	CONFIRMED		CONFIRMED

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	

BEST AVAILABLE COPY